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Appropriate District Office
DISTRICT I P.O. Eox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	ПЕС	OESTI			· · · · · ·		TUDALO	10				
•		TO TRA	ANSF	ORI	OIL	ANU NA	TURAL GA	10	API No.			
Operator		Well	TI 1 110.									
Bison Petroleum Con	rporat	ion										
Address	•	0 4		_ m×		0110 260	17					
5809 S. Western Su	te 20	U, Amar	1110	, 12	<u> </u>	9110-360	ι / eτ (Please expla	rin)				
Reason(s) for Filing (Check proper box)		. ·	ar .		ε.		ci (i ieme exhi	•~•/				
New Well		Change it			": 	Change	effectiv	ve 1-1-	91			
Recompletion	Oil		Dry C			0.1.a.1.BC		- ·				
Change in Operator	Casingh	ead Gas	Londe	CII 52 (C	<u> </u>							
f change of operator give name nd address of previous operator						·						
I. DESCRIPTION OF WELL	ANDI	FACE										
	Well No. Pool Name, Includi					ng Formation Kind			of Lease			
Lease Name Bell B Federal					Andres Assoc.			Federal of XIX	ex NM-(027887		
Location											-	
	. 66	0	Feat 1	From Ti	he S	outh_Lin	e and6	60 F	et From The	East	Line	
Unit Letter P	_ ; <u>00</u>	· · · · · · · · · · · · · · · · · · ·	_ 1.60 1									
Section 20 Townshi	, 9	S	Range	e	38E	, N	мрм,		Lea		County	
II. DESIGNATION OF TRAN	SPORT	ER OF O	IL A	ND N	<u>ATU</u>	RAL GAS		dak	Lanny of this f	orm is to be a	ent)	
Name of Authorized Transporter of Oil	LXX)	or Coade	nsale			Address (Gi	e address to wh					
Enron Oil Trading & Transportation Company						P.O. Box 1188, Houston, TX 77251-1188						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent) P.O. Box 50250, Midland, TX 79710					eru)	
OXY USA, Inc.						P.O. Box 50250, Midla Is gas actually connected? When						
If well produces oil or liquids,	Unit	Sec.	Twp.	-	_			•	3-1-66			
rive location of tanks.	P	1 20	95		38E		es ber		7 - T - OO			
f this production is commingled with that	from any o	other lease or	pool, g	give cor	nmingl	ing order num	oer:					
V. COMPLETION DATA		100.00	, ,	Coc 11		New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completion	. (X)	Oil Wel	1 i	Gas V	4 Cil	I MEM MEIL	TOTALOVEI	Deepen	1		[
		mpl. Ready t	o Pand			Total Depth	I	1	P.B.T.D.	J		
Date Spudded	Date Co	прі. кежу і	10u.									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation												
Perforations						L			Depth Casir	g Shoe		
; Cito; auous												
		TIRNC	CAS	ING	AND	CEMENT	NG RECOR	D				
11015 0175	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE	·	MOING & I	J.110									
	- 											
	 											
	 											
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	<u> </u>		1				<u> </u>		
	recovery of	f total volum	e of load	d oil an	ıd must	be equal to o	r exceed top all	owable for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of					Producing M	lethod (Flow, pr	ump, gas lift,	eic.)			
Date Ling Men Oil Run 10 14th	Date Of							- در و				
Length of Test	Tubing I	Pressure				Casing Press	nue	100	Choke Size			
renkni or 1est	, aoing i								, ,			
Actual Prod. During Test	Oil - Bb	ıls.				Water - Bbl		,.	Gas- MCF			
Actual Flot. During 1651	O. 10											
GAS WELL						Rhis Conda	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test					Bois. Condensate/Mixici						
	<u></u>	,				Casing Dres	sure (Shut-in)		Choke Size	:		
Testing Method (pitot, back pr.)	Tubing	Pressure (Sh	m-ID)			Casing 1 ics	(
						4						
VI. OPERATOR CERTIFIC	CATE	OF COM	PLIA	NCE	Ξ		OIL CO	VSERV	ATION	DIVISION	ON	
I hereby certify that the rules and regu	lations of 1	the Oil Cons	ervation	1		11		,ULI 1 V	7 A A A	A # 100	ra a Con	
Division have been complied with and that the information given above									JAN	0718	Ų i	
is true and complete to the best of my	knowledge	e and belief.				Dat	e Approve	ea				
Links Can	1								Wilse PA	MERY SEX	NOT	
(/XMUU ZUU						∥ By₋		¥ាន់នៃក្រុក ————————————————————————————————————	35 ¥ 148 513 			
Signature Linda Scott Adr	ninist	rative	Secr	etai	ry	1		* .	*	50.65		
United Name			Title		_*	Title	2					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1 - 4 - 91

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

806/358-0181 Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.